

ESTIMATED HEALTH CARE EXPENSES WORKSHEET

This worksheet is designed to help you estimate your health care account contributions for the coming year. You might find it helpful to review your out-of-pocket expenses for the past year and estimate any *known* future expenses and use this information as a guide for next year's needs.

Remember, you will forfeit any money left in your Flexible Spending Account at year end. You cannot increase, decrease or stop your contribution rate during the year unless you experience a "life change".

Eye exams, glasses, contact lenses, contact lens cleansers (not covered by CORPLAN)	\$ _____
Medical co-pays	\$ _____
Medical and dental plan deductibles and percentage paid by employee	\$ _____
Prescription plan deductibles and co-pays	\$ _____
Prescriptions (not covered by CORPLAN)	\$ _____
Orthodontia expenses (not covered by CORPLAN)	\$ _____
Amounts over the medical and dental plan "Usual and Customary" limits	\$ _____
Hearing aids	\$ _____
Other eligible expenses	\$ _____
Total Annual Estimated Health Care Expenses	\$ _____

To calculate the pledge amount to be deducted from each pay period, divide the total annual estimated health care expenses by the number of pay periods in a year (24) and round down to the nearest dollar.

Example: Total annual estimated health care expenses = \$1,350
\$1,350 divided by **24 pay periods** = \$56.25, or \$56.00 per pay period (**rounded down to the nearest dollar.**)
The annual pledge would be \$1,344.00 (\$56.00 times 24 pay periods per year)

(**New employees** should estimate their expenses from the date their Flexible Spending becomes effective to year end and divide this amount by the number of pay periods remaining in the year.)

Remember - Your annual pledge for health care expenses cannot exceed \$4,992 per year (\$208 per pay period).